

<i>SERFF Tracking Number:</i>	<i>MCHX-G127366821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49578</i>
<i>Company Tracking Number:</i>	<i>IA-012 (ED. 07-11)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif</i>		
<i>Project Name/Number:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company</i>		

Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IA-012 (Ed. 07-11) Indiv

SERFF Tr Num: MCHX-

State: Arkansas

Simplified Issue Term Lif

G127366821

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed

State Tr Num: 49578

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: IA-012 (ED. 07-11)

State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Reviewer(s): Linda Bird

Date Submitted: 08/17/2011

Disposition Date: 08/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/22/2011

State Status Changed: 08/22/2011

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

Re: HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC # 64327, FEIN # 23-1580983

Individual Term Life Filing

SERFF Tracking Number: MCHX-G127366821 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578
Company Tracking Number: IA-012 (Ed. 07-11)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif
Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv
Simplified Issue Term Life Application - Harleysville Life Insurance Company

Form IA-012 (Ed. 07-11), Application for Simplified-Issue Term Life

Form IA-014 (Ed. 07-11), Application for Reinstatement

Actuarial Memoranda

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned filing for your review and approval for Harleysville Life Insurance Company. The forms are being submitted in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

Form IA-012 (Ed. 07-11) will replace Form IA-012 (Ed. 07-10) which was previously approved by your Department on August 3, 2010 under SERFF Tracking Number MCHX-G126735753. This updated application includes new questions regarding residency, illegal drug use, and active military status as well as minor adjustments intended to clarify and simplify the medical and lifestyle questions. There were also some minor formatting changes which include some questions being rearranged and slight modifications to the layout.

Form IA-014 (Ed. 07-11) is new and is not intended to replace any existing form currently on file with your Department. It will be used to reinstate a Simplified-Issue Term Life Insurance Policy which lapsed due to non-payment of premium.

Attached are updated Actuarial Memoranda and their corresponding Appendices. Harleysville is adding a new rate band, Band 2, to the previously approved Simplified-Issue Term product under the same SERFF Tracking Number mentioned above. Band 1 has a minimum base issue amount of \$25,000 and a maximum issue amount of \$95,000. Band 2 has a minimum base issue amount of \$95,001 and a maximum issue amount of \$250,000. All issue amounts will be sold to males and females ages 18 through 65. The same YRT rates are used for Band 1 and Band 2. Harleysville will also offer the same term periods for both bands (10, 15, 20 and 30 year). Attached are any required certifications, transmittal forms and/or filing fees.

While every effort is made to submit filings without mistakes, we reserve the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Very truly yours,

SERFF Tracking Number: MCHX-G127366821 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578
Company Tracking Number: IA-012 (ED. 07-11)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif
Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Linda Boyce
Consultant

Attachments

Company and Contact

Filing Contact Information

Lauren Regnery, Compliance Project Specialist mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Harleysville Life Insurance Company	CoCode: 64327	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type: Life
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 393-6118 ext. [Phone]	FEIN Number: 23-1580983	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$100.00	08/17/2011	50692810

<i>SERFF Tracking Number:</i>	<i>MCHX-G127366821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49578</i>
<i>Company Tracking Number:</i>	<i>IA-012 (ED. 07-11)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif</i>		
<i>Project Name/Number:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/22/2011	08/22/2011

<i>SERFF Tracking Number:</i>	<i>MCHX-G127366821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49578</i>
<i>Company Tracking Number:</i>	<i>IA-012 (ED. 07-11)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif</i>		
<i>Project Name/Number:</i>	<i>IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company</i>		

Disposition

Disposition Date: 08/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G127366821 State: Arkansas

Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578

Company Tracking Number: IA-012 (ED. 07-11)

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif

Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability-IA-012, Statement of Variability		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Flesch Certification		Yes
Form	Application for Simplified-Issue Term Life		Yes
Form	Application for Reinstatement		Yes

SERFF Tracking Number: MCHX-G127366821 State: Arkansas

Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578

Company Tracking Number: IA-012 (ED. 07-11)

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif

Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Form Schedule

Lead Form Number: IA-012 (Ed. 07-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IA-012 (Ed. 07-11)	Application/ Enrollment Form	Application for Simplified-Issue Term Life	Initial		45.000	IA-012 (Ed 07-11) - SI Term App - BASIC-08_03_11 Clean.PDF
	IA-014 (Ed. 07-11)	Application/ Enrollment Form	Application for Reinstatement	Initial		42.000	IA-014 (Ed 07-11) - SI Term Reinstmnt App - BASIC -08_03_11 Clean.PDF



[P.O. Box 253
Harleysville, PA 19438
800.222.1981 www.harleysvillelife.com]

Harleysville Life Insurance Company
Simplified-Issue Term Life
Individual Life Insurance Application

1. Proposed Insured

Last Name, First Name, Middle Initial: _____
Residence Address: _____ Phone #: _____
Date of Birth: _____ State of Birth: _____ Gender: ☐ M ☐ F Height/Weight: _____ Occupation: _____
Are you a citizen or permanent resident of the United States? ☐ Yes ☐ No
Social Security Number: _____ Drivers License #/State: _____ If none, explain: _____
Personal Care Physician Name/Address: _____

2. Do you currently or have you in the past 12 months used any form of tobacco or nicotine product more than 3 times per month? ☐ Yes ☐ No

3. Owner Information (If other than Proposed Insured)

Last Name, First Name, Middle Initial: _____
Residence Address: _____ Phone #: _____
Relationship to Proposed Insured: _____ SS#/Tax ID #: _____

4. Beneficiary Information (Name and Relationship, % share of proceeds, age if minor, SS # and/or Date of Birth)

Primary: _____ Contingent: _____

5. Type of Plan / Premium and Billing

Term Period: ☐ 10 ☐ 15 ☐ 20 ☐ 30
Amount: \$ _____

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly
☐ 9-Pay ☐ Pre-Authorized Check (PAC)
☐ Credit Card- except for first premium payment]

6. History – DO NOT Submit the application if any question is answered “Yes”

Yes No

A. Have you ever had an application for life insurance declined, postponed, or rated above a Table 4 or “D”?

☐ ☐

B. Have you, in the past 10 years, pled guilty to or pled no contest to or been convicted of a felony offense; been on probation or parole for a felony offense; or are felony charges currently outstanding against you?

☐ ☐

C. Have you, in the past 10 years, used illegal drugs; been advised by a physician or medical provider to limit or reduce the use of alcohol; been counseled, hospitalized or treated for the use of alcohol or drugs, including prescription drugs?

☐ ☐

D. Have you, in the past 5 years, had your license suspended or revoked; pled guilty to or pled no contest to or been convicted of reckless driving or driving while impaired or under the influence of alcohol or drugs?

☐ ☐

E. Do you currently participate in, or within the next 2 years, do you intend to participate in: Skin/Scuba Diving (other than recreational), Motor Sports, Aviation Sports; or have you flown as a pilot for other than a scheduled commercial airline?

☐ ☐

F. Have you been placed on active status in the armed forces or have you entered into a written agreement to have active status; or do you intend to reside outside the U.S. or Canada for 6 months or more?

☐ ☐

G. Have you, in the past 12 months, consulted a physician or medical provider for a condition that has not yet been diagnosed; had medical tests completed for which the results are still pending; or been referred for additional consultation or testing (excluding HIV or AIDS testing) that has not yet been completed?

☐ ☐

H. Have you, in the past 12 months, been confined to a nursing home or hospice, received home health care, required assistance with normal activities of daily living or been diagnosed with a terminal condition?

☐ ☐

I. In the past 10 years, have you been diagnosed with or treated by a physician or medical provider for:

1) Heart Disease/Surgery, Cardiovascular Disease/Surgery, Chest Pain/Angina, Stroke, Transient Ischemic Attack (TIA), Aneurysm, Embolism or Peripheral Vascular Disease (PVD)? (Answer **NO** if you **ONLY** have High Blood Pressure)

☐ ☐

2) Chronic Bronchitis, Chronic Lung Disease, Chronic Obstructive Pulmonary Disease (COPD), or Emphysema? (Answer **NO** if you **ONLY** have Asthma or Acute Bronchitis)

☐ ☐

3) Major Depressive Disorder, Suicide Attempts, Bipolar, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Multiple Sclerosis, Paraplegia, or Quadriplegia?

☐ ☐

4) Diabetes (current age under 35, insulin dependent or uncontrolled blood sugars), Chronic Kidney Disease or Chronic Liver Disease, Ulcerative Colitis, Hepatitis B or C, or Crohn's Disease?

☐ ☐

5) Cancer, Hodgkin's Disease, Lymphoma, Leukemia, or Blood or Platelet Disorder? (Answer **NO** if you **ONLY** have Basal or Squamous Cell Skin Cancer)

☐ ☐

J. Have you had a member of the medical profession diagnose or prescribe treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or advise that you tested HIV (Human Immunodeficiency Virus) positive?

☐ ☐

7. Other Insurance In Force/ Replacement of InsuranceDo you have existing life insurance policies or annuity contracts? ☐ Yes ☐ No

If Yes, Please complete the following:

COMPANY AMOUNT POLICY # YEAR ISSUED PURPOSE

Replacing? ☐ Yes ☐ NoReplacing? ☐ Yes ☐ NoReplacing? ☐ Yes ☐ No

If insurance applied for is replacing existing coverage please complete a replacement form.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT'S STATEMENT / AGREEMENTS

I (We) have read the preceding questions and answers, and hereby represent to the best of my (our) knowledge and belief, that all statements and answers are complete and true, and that Harleysville Life Insurance Company may rely on the answers in the issuance of a policy. I (We) understand and agree that this application and other required parts will be the basis for, and an integral part of, any policy issued; that no waiver or modification will bind Harleysville Life Insurance Company unless in writing and signed by the President, a Vice President or the Secretary of Harleysville Life Insurance Company. I (We) understand and agree that a sales representative does not have Harleysville Life Insurance Company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of the application, policy or receipt. I (We) further understand and agree that no insurance will take effect until the policy has been manually delivered to and received and accepted by me (us), and all delivery requirements have been properly completed and returned to Harleysville Life Insurance Company, and the first premium is paid in full while the proposed insured is alive.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I (We) authorize the Medical Information Bureau (MIB, Inc.), governmental motor vehicle agencies and pharmaceutical databases to release to Harleysville Life Insurance Company and its reinsurers, any of the following pertaining to me (us) or my (our) children if they are to be insured: information relating to: physical and mental condition; medical care, diagnosis or treatment; and avocation, insurance, aviation activity, criminal activity, financial information, occupation and driving record. This information will be used by Harleysville Life Insurance Company and its reinsurers to determine eligibility for insurance. I (We) will execute Authorizations for Release of Medical Records for any sources requiring an authorization.

I (We) understand that Harleysville Life Insurance Company will not disclose this information to any person or organization except its reinsurer(s), the Medical Information Bureau (MIB, Inc.), other persons or organizations performing business or legal services in connection with my (our) application, including employees of Harleysville Insurance, or as may be otherwise lawfully required, or as I (We) further authorize.

I (We) understand that I (we) or my (our) authorized representative have the right to receive a copy of this authorization and agree that a photo copy or facsimile copy will be as valid as the original. I (We) also understand that this authorization will be valid for 24 months from the date shown below.

I (We) certify that the Social Security Number(s) provided in section 1 is/are true, correct and complete.

I (We) acknowledge receiving the Notice of Information Practices and authorize Harleysville Life Insurance Company to obtain and use the information as described above.

I (We) understand and acknowledge that this application, and all supplementary documentation, in the aggregate, constitute the entire application, including all information provided in the application and amendments issued by Harleysville Life Insurance Company, and that they will be attached to and made a part of the policy and delivered to the policy owner.

SIGNED AT: _____
City and StateP _____
Signature of InsuredDATED ON: _____
Month/Day/YearP _____
Signature of Owner (if other than Insured)**AGENT CERTIFICATION**

I certify that I have no knowledge of anything which might affect the insurability of any person proposed for insurance which is not fully set forth herein.

Does the proposed insured have existing life insurance policies or annuity contracts? ☐ Yes ☐ NoIs this insurance applied for intended to replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

If either question is answered Yes, please complete a replacement form as prescribed by your state's regulations.

DATE: _____

P _____
Signature of Licensed Agent_____
Print Name of Licensed Agent



[P.O. Box 253
Harleysville, PA 19438
800.222.1981 www.harleysvillelife.com]

APPLICATION FOR REINSTATEMENT

of Simplified-Issue Term Life Insurance Policy
Number _____ which lapsed for non-payment
of premium with a Due Date of _____

HARLEYSVILLE LIFE INSURANCE COMPANY

****Do not send money**

1. Insured Information

Last Name, First Name, Middle Initial: _____

Date of Birth: _____ Gender: ☐ M ☐ F Height/Weight: _____ Weight change in the past year: _____

Are you a citizen or permanent resident of the United States? ☐ Yes ☐ No

Personal Care Physician Name/Address: _____

2. Do you currently or have you in the past 12 months used any form of tobacco or nicotine product more than 3 times per month? ☐ Yes ☐ No

3. History – DO NOT Submit the application if any question is answered “Yes”

Yes **No**

A. Have you ever had an application for life insurance declined, postponed, or rated above a Table 4 or “D”?

☐ ☐

B. Have you, in the past 10 years, pled guilty to or pled no contest to or been convicted of a felony offense; been on probation or parole for a felony offense; or are felony charges currently outstanding against you?

☐ ☐

C. Have you, in the past 10 years, used illegal drugs; been advised by a physician or medical provider to limit or reduce the use of alcohol; been counseled, hospitalized or treated for the use of alcohol or drugs, including prescription drugs?

☐ ☐

D. Have you, in the past 5 years, had your license suspended or revoked; pled guilty to or pled no contest to or been convicted of reckless driving or driving while impaired or under the influence of alcohol or drugs?

☐ ☐

E. Do you currently participate in, or within the next 2 years, do you intend to participate in: Skin/Scuba Diving (other than recreational), Motor Sports, Aviation Sports; or have you flown as a pilot for other than a scheduled commercial airline?

☐ ☐

F. Have you been placed on active status in the armed forces or have you entered into a written agreement to have active status; or do you intend to reside outside the U.S. or Canada for 6 months or more?

☐ ☐

G. Have you, in the past 12 months, consulted a physician or medical provider for a condition that has not yet been diagnosed; had medical tests completed for which the results are still pending; or been referred for additional consultation or testing (excluding HIV or AIDS testing) that has not yet been completed?

☐ ☐

H. Have you, in the past 12 months, been confined to a nursing home or hospice, received home health care, required assistance with normal activities of daily living or been diagnosed with a terminal condition?

☐ ☐

I. In the past 10 years, have you been diagnosed with or treated by a physician or medical provider for:

1) Heart Disease/Surgery, Cardiovascular Disease/Surgery, Chest Pain/Angina, Stroke, Transient Ischemic Attack (TIA), Aneurysm, Embolism or Peripheral Vascular Disease (PVD)? (Answer **NO** if you **ONLY** have High Blood Pressure)

☐ ☐

2) Chronic Bronchitis, Chronic Lung Disease, Chronic Obstructive Pulmonary Disease (COPD), or Emphysema? (Answer **NO** if you **ONLY** have Asthma or Acute Bronchitis)

☐ ☐

3) Major Depressive Disorder, Suicide Attempts, Bipolar, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Multiple Sclerosis, Paraplegia, or Quadriplegia?

☐ ☐

4) Diabetes (current age under 35, insulin dependent or uncontrolled blood sugars), Chronic Kidney Disease or Chronic Liver Disease, Ulcerative Colitis, Hepatitis B or C, or Crohn's Disease?

☐ ☐

5) Cancer, Hodgkin's Disease, Lymphoma, Leukemia, or Blood or Platelet Disorder? (Answer **NO** if you **ONLY** have Basal or Squamous Cell Skin Cancer)

☐ ☐

J. Have you had a member of the medical profession diagnose or prescribe treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or advise that you tested HIV (Human Immunodeficiency Virus) positive?

☐ ☐

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT'S STATEMENT / AGREEMENTS

I (We) have read the preceding questions and answers, and hereby represent to the best of my (our) knowledge and belief that all statements and answers are complete and true, and that Harleysville Life Insurance Company may rely on the answers in the granting of an Application for Reinstatement. I (We) understand and agree that a sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of the application, policy or receipt. It is agreed that (1) this application together with any other required forms completed in connection with this application shall be the basis for, and a part of, any insurance reinstated and that no waiver or modification will bind Harleysville Life Insurance Company unless in writing and signed by the President, a Vice President or the Secretary of Harleysville Life Insurance Company; (2) no reinstatement shall become effective until Harleysville Life Insurance Company has received the sum required to be paid and has approved this application at its Home Office; (3) this reinstatement shall not reinstate or affect insurance on any person who has died or who would not have been covered on the date of this application had there been no default in premium payments and; (4) in the event of reinstatement, the time limit on any defense (except suicide) available to Harleysville Life Insurance Company shall begin anew.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I (We) authorize any licensed physician, medical practitioner, hospital, clinic, dispensary, sanitarium, or other medically related facility, governmental motor vehicle agencies, insurance companies, the Veteran's Administration, the Medical Information Bureau (MIB, Inc.), pharmaceutical databases, consumer reporting agency or employer to release to the Harleysville Life Insurance Company and its reinsurers, any of the following pertaining to me (us) or my (our) children if they are to be insured: information relating to: physical and mental condition; medical care, diagnosis or treatment; and avocation, insurance, aviation activity, criminal activity, financial information, occupation, habits, driving record and general character. This information will be used by Harleysville Life Insurance Company and its reinsurers to determine eligibility for reinstatement. I (We) will execute Authorizations for Release of Medical Records for any sources requiring an authorization.

I (We) understand that Harleysville Life Insurance Company will not disclose this information to any person or organization except its reinsurer(s), the Medical Information Bureau (MIB, Inc.), other persons or organizations performing business or legal services in connection with my (our) application, including employees of Harleysville Insurance, or as may be otherwise lawfully required, or as I (We) further authorize.

I (We) understand that I (we) or my (our) authorized representative have the right to receive a copy of this authorization and agree that a photo copy or facsimile copy will be as valid as the original. I (We) also understand that this authorization will be valid for 24 months from the date shown below.

I (We) acknowledge receiving the Notice of Information Practices and authorize Harleysville Life Insurance Company to obtain and use the information as described above.

I (We) understand and acknowledge that this Application for Reinstatement, and all supplementary documentation, in the aggregate, constitute the entire Application for Reinstatement, including all information provided in the Application for Reinstatement, the medical exam, questionnaires and supplements to the Application for Reinstatement, and amendments issued by Harleysville Life Insurance Company, and that they will be attached to and made a part of the policy.

SIGNED AT: _____
City and State

P _____
Signature of Insured

DATED ON: _____
Month/Day/Year

Ü _____
Signature of Owner (if other than Insured)

H.O. Use Only	
Approved for Reinstatement:	Underwriting Comments:

SERFF Tracking Number: MCHX-G127366821 State: Arkansas

Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578

Company Tracking Number: IA-012 (ED. 07-11)

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif

Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Please see forms tab		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: Bands 1 and 2 - Actuarial Memo - SI Term - IPT-001 _Ed_Complete.PDF		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability-IA-012, Statement of Variability		
Comments:		
Attachments: Statement of Variability for Application IA-012 (Ed_ 07-11).PDF Statement of Variability for Application IA-014 (Ed_ 07-11).PDF		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments:		
Attachment: 2011 Harleysville Third Party Authorization Letter.PDF		

	Item Status:	Status
--	--------------	--------

SERFF Tracking Number: MCHX-G127366821 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number: 49578
Company Tracking Number: IA-012 (ED. 07-11)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Lif
Project Name/Number: IA-012 (Ed. 07-11) Indiv Simplified Issue Term Life Application - Harleysville Life Insurance Company /IA-012 (Ed. 07-11) Indiv
Simplified Issue Term Life Application - Harleysville Life Insurance Company

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - READABILITY CERTIFICATION.PDF

AR Cert of Compliance with Rule 19.PDF

AR Certificate of Compliance 23-79-138 and R&R 49.PDF

HARLEYSVILLE LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form IA-012 (Ed. 07-11), Application for Simplified-Issue Term Policy

Blanks provided in the form will be completed by the proposed insured, applicant or agent where appropriate.

The following items on the Application are bracketed and considered variable.

Page 1

TITLE

Company address, telephone number and web address could change in the future.

Section TYPE OF PLAN / PREMIUM AND BILLING

We may add a "Credit Card" billing method in the future.

HARLEYSVILLE LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form IA-014 (Ed. 07-11), Reinstatement Application for Simplified-Issue Term Policy

Blanks provided in the form will be completed by the proposed insured, applicant or agent where appropriate.

The following items on the Application are bracketed and considered variable.

Page 1

TITLE

Company address, telephone number and web address could change in the future.

Harleysville Life Insurance
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillelife.com

Tel 800.222.1981
215.513.6400
Fax 215.513.6410



January 3, 2011

NAIC Company Code: 64327

Re: Attached Filing Submission

Please accept this letter as authorization from Harleysville Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as well as actuarial materials as referenced in the corresponding SERFF filing on behalf of Harleysville Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Theodore A. Majewski", with a long horizontal flourish extending to the right.

Theodore A. Majewski
President and Chief Operating Officer
Harleysville Life Insurance Company

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Harleysville Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
IA-012 (Ed. 07-11)	45
IA-014 (Ed. 07-11)	42

Signed: _____

Name: Theodore A. Majewski

Title: President and Chief Operating Officer

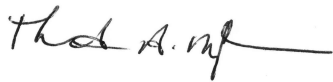
Date: August 12, 2011

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Harleysville Life Insurance Company

Form Number(s): IA-012 (Ed. 07-11)
IA-014 (Ed. 07-11)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Theodore A. Majewski

Name

President and Chief Operating Officer

Title

August 12, 2011

Date

CERTIFICATE OF COMPLIANCE

Insurer: Harleysville Life Insurance Company

Form Numbers: IA-012 (Ed. 07-11), IA-014 (Ed. 07-11)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Theodore A. Majewski

Name

President & Chief Operating Officer

Title

August 17, 2011

Date